

Mears Care Limited

Poppy Fields

Inspection report

Poppy Court
Chesterfield Road South
Mansfield
Nottinghamshire
NG19 6FD

Tel: 01623880860
Website: www.mearsgroup.co.uk

Date of inspection visit:
08 March 2018
28 March 2018

Date of publication:
19 June 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced inspection of the service on 8 and 28 March 2018. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in flats and houses on one site in Mansfield, Nottingham. Other people who did not receive personal care services, also lived on the site.

An assessment unit was in place for up to twelve people. These people were staying temporarily at the unit. Their health needs and ability to care for themselves were assessed, with decisions made whether they could return home or needed to move to a residential service. The responsibility for caring for these people was shared between staff employed by Mears Care Limited and the Local Authority. Mears Care Limited staff were only permitted to support people with the regulated activity of personal care.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Poppy Fields supported 48 people who received some element of support with their personal care. This was the service's first inspection under its current registration.

People medicines were not always safely managed. Protocols for the administration of 'as needed' medicines were not always in place. Staff did not always ensure people's medicines were stored safely and the process for the ordering of people's medicines was not clear. Risk assessments in relation to people's health needs were in place but these were not always completed in a timely manner. Staff raised concerns that they did not always have sufficient numbers in place at the assessment centre to meet people's needs. On the day of the inspection we saw there were sufficient staff in place. People living at Poppy Fields felt there were enough staff in place to support them. Safe recruitment processes were in place. Staff were aware of how to reduce the risk of the spread of infection. When incidents occurred, they were investigated and reviewed to ensure the chance of reoccurrence was reduced.

Best practice guidelines were not always in place to enable staff to support people with identified conditions. Staff spoken with raised some concerns that they were not always involved in the assessment of people prior to their admission to the assessment centre. This meant staff felt that they may not be able to meet some people's needs. People were supported with maintaining good nutritional health. People had access to other external health and social care agencies. People were supported to have maximum choice

and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were well trained and their performance was monitored.

People liked the staff and felt they were kind and caring and treated them with respect. Staff treated people with dignity and ensured they received their care and support in the way they wanted. People felt staff responded to their wishes and respected their choices. People's diverse needs were respected. People were provided with information about how they could access independent advocates.

People's care records contained detailed information about how they wanted to be supported. People told us staff cared for them in the way they wanted them to. This included them receiving support from their preferred staff. When Poppy Fields staff identified a concern with people's health they ensured the staff employed by the Local Authority were informed to ensure people received the care they needed. The majority of people's care plans were written in good time after their initial assessment. People's needs were met without discrimination. People felt able to make a complaint and were confident it would be dealt with appropriately.

The registered manager currently manages two registered services. This meant their time was split between Poppy Fields and another service within the provider's group of services. We had concerns that a service as complex as Poppy Fields did not have a registered manager assigned to oversee it on a full time basis. The quality assurance processes that were in place had not identified the concerns raised in this report. People and staff liked the registered manager, however many told us they did not see them very often. Staff felt valued and many people using the service would recommend the service to others. Notifiable incidents were reported to relevant agencies, although a small number of these needed to be reported quicker. People and staff felt able to give their views about how the service could be developed and improved.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People medicines were not always safely managed.

Risk assessments in relation to people's health needs were in place but these were not always completed in a timely manner. People living at Poppy Fields felt there were enough staff in place to support them. Safe recruitment processes were in place. Staff were aware of how to reduce the risk of the spread of infection.

When incidents occurred, they were investigated and reviewed to ensure the chance of reoccurrence was reduced.

Requires Improvement ●

Is the service effective?

The service was effective.

Best practice guidelines were not always in place to enable staff to support people with identified conditions.

Staff were not always involved in the assessment of people prior to their admission to the assessment centre.

People were supported with maintaining good nutritional health. People had access to other external health and social care agencies.

People were supported to make choices about their care. Staff supported them in the least restrictive way possible. Staff were well trained and their performance was monitored.

Good ●

Is the service caring?

The service was caring.

People liked the staff and felt they were kind and caring and treated them with respect.

Staff treated people with dignity and ensured they received their care and support in the way they wanted.

Good ●

People felt staff responded to their wishes and respected their choices. People's diverse needs were respected. People were provided with information about how they could access independent advocates.

Is the service responsive?

Good ●

The service was responsive.

People's care records contained detailed information about how they wanted to be supported. People told us staff cared for them in the way they wanted them to. When Poppy Fields staff identified a concern with people's health they ensured the staff employed by the Local Authority were informed.

The majority of people's care plans were written in good time after their initial assessment. People's needs were met without discrimination. The registered manager had a good knowledge of the Accessible Information Standard.

People felt able to make a complaint and were confident it would be dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

We had concerns that a service as complex as Poppy Fields did not have a registered manager assigned to manage it on a permanent basis. The quality assurance processes that were in place had not identified the concerns raised in this report.

People and staff liked the registered manager, however many told us they did not see them very often. Staff felt valued and many people using the service would recommend the service to others.

Notifiable incidents were reported to relevant agencies, although a small number of these needed to be reported quicker.

People and staff felt able to give their views about how the service could be developed and improved

Poppy Fields

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 8 and 28 March 2018 and was announced. We returned on the 28 March 2018 as the registered manager was unavailable on the 8 March 2018 and we needed to discuss some elements of this inspection with them. We gave the provider 48 hours' notice, as we wanted to ensure the registered manager would be available. We also asked the provider to arrange a focus group to enable people to attend a session with CQC inspectors to tell them about their views. However, only two people attended and these people were spoken with individually.

The inspection team for day one of the inspection consisted of two inspectors and two Experts by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One day two, one inspector returned to the service.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about specific events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We used information the provider sent us in the Provider Information Return to help us plan our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was informed by both the feedback received from the people we spoke with during the inspection and from feedback from questionnaires. During the inspection, we spoke with 15 people who used the service and two relatives or friends. We also sent 102 questionnaires out to people who used the service, relatives, staff and community professionals. We received 21 responses.

During the inspection process, we also spoke with three members of the care staff, a visiting officer and the registered manager. The visiting officer, employed by the provider supported the registered manager with their day-to-day role.

We looked at all or parts of the records relating to ten people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

After the inspection, we asked the registered manager to provide us with their training and supervision matrix. This was provided within the requested timeframe.

Is the service safe?

Our findings

The process for managing people's medicines in the assessment unit was not always carried out safely. We identified concerns in a number of areas. Medicines were not always counted and recorded when they were received from the pharmacy or when a person was admitted to the assessment unit. There were no stock checks of medicines; therefore, it would not be possible to ensure that medicines were not being misused. When the service stored controlled drugs for administration by the community nurse there were also no stock checks of these and they were not stored separately from other medicines. The responsibility for the management of controlled medicines was not clear and therefore the service would be unable to identify whether each person had the appropriate amount stored or, if any had gone missing.

As people were admitted to the assessment unit for a short period of time, their medicines required ordering and supplying at different times. We were informed by a representative of the provider that each person's social worker was responsible for ensuring they arrived at the assessment unit with three weeks' worth of medication. However, we noted when this medication was not always in place, Poppy Fields staff had not always addressed this in a timely manner. For example, a person's medicine administration record (MAR) showed that a person had not had access to prescribed paracetamol for over five days due to a lack of availability. This had not been addressed and placed the person's well-being at risk of pain without prescribed pain relief medicine.

Medicines which were prescribed to be given only 'as required' were sometimes prescribed with a variable dose, for example one or two tablets or in the case of a liquid medicines 2.5 or 5mg. There were no protocols in place to identify the circumstances when the medicines should be given or how to determine the dose required. We saw a person had received different doses of Oramorph at different times. One member of staff said they normally gave 5mg, as the person had a lot of pain, whilst another said they asked the person how much they required. This indicated an inconsistent approach and could place the person's health at risk. We noted 'as required' medicines for other people did not always have these protocols in place, which also placed the health of others at risk.

People's MAR contained information about their allergies but did not contain information about each person's preferences for taking their medicines. This meant people might not receive their medicines in their preferred way.

We raised these concerns with the registered manager who told us they would carry out an immediate review to ensure people's medicines were managed safely.

The provider failed to ensure that medicines were managed and stored in line with the National Institute of Clinical Excellence guidance. These examples are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the way their medicines were managed. One person said, "I'm on a lot of medication and I'm getting them on time." Another person said, "There's no problem with

medication, it is all done when it should be."

We observed staff administer people's medicines safely. They stayed with people until they had taken their medicines and noted people's MAR were completed consistently. Staff told us they completed medicines administration training and had competency assessments prior to administering medicines. Records viewed confirmed this. We also noted in the registered manager's quality assurance audits they had addressed a concern of staff not completing people's MAR consistently. Because of their input, recording errors had greatly decreased, reducing the risk to people.

Risks to people's health and safety had been identified through initial assessment when they first started to receive a service. Risk assessments and care planning documentation were in place to enable staff to support people safely. We noted assessments for people living permanently at the service were, in the majority of cases, detailed and reflective of people's health needs. However, we did note that the process for implementing risk assessments for people on short-term stays in the assessment unit was not carried out consistently. For example, we did not see any evidence of the use of standardised risk assessment tools such as a pressure ulcer risk assessment. Records showed a person was identified as having a history of falls and the person had a falls detector and was provided with a walking frame. However, a risk assessment had not been completed to identify what action staff should take to mitigate the risk of falls. This could place the person's safety at further risk of falls.

People told us they felt safe when staff supported them. One person said, "I feel safe. I'd be happy to report anything to the supervisor, but I've never had problems, they're all alright to me." Another person said, "I wear a pendant round my neck so I can get help if I need it. It does make me feel safe."

People were provided with the information they needed to keep themselves safe. This included who to contact in an emergency. People told us they felt able to speak with staff if they felt unsafe or had concerns. People were supported by staff who understood how to protect people from avoidable harm and how to keep them safe. Staff had received safeguarding adults training. This helped them to identify potential signs of abuse. All staff were aware of whom to report concerns to and felt confident the registered manager would act on them. The registered manager had a good awareness of their responsibilities to ensure that people were protected at all times.

When people presented with behaviours that may challenge others, or refused the personal care they required, staff were able to explain how they would safely address this. This included diverting the person's attention to another matter and explaining why personal care was important for their health. This approach ensured people were protected from harm or poor health.

People told us staff normally arrived on time for each of their calls and had the time to complete all of their agreed tasks. Seventy eight percent of people who completed our questionnaire agreed. One person said, "I have four visits a day and they mostly arrive on time. They spend more time with me if anything, sometimes they come early and they check if that's okay." Another person said, "Carers come on time, they're not normally late. If it's happened they let me know or apologise."

Staff told us they felt there were normally enough staff on duty to provide the required care and support for people. However, one member of staff told us that on occasions when there were more people requiring the assistance of two staff in the assessment unit, they had to prioritise which meant people may not always be able to get up when they wanted. Another member of staff told us the service did not have control over the number of people being admitted to the assessment unit. This meant people were on occasions admitted at short notice. This, they said, made it difficult to ensure sufficient staff were always place to meet peoples'

needs.

The visiting officer told us the number of people staying at the service rarely changed so they knew the number of staff needed to provide people with personal care each day. For the assessment unit, the numbers of people staying there varied and when numbers increased more staff were provided. We saw this in action during the inspection. A sudden increase in the number of people using the assessment centre resulted in the visiting officer deploying extra staff. The visiting officer told us that due to nature of the type of service provide in the assessment unit it was on occasions difficult to ensure that staff were immediately available to manage this increase. However, they were confident that people's needs were being met by an appropriate number of staff.

Robust recruitment procedures were in place to ensure the risk of people receiving care and support from unsuitable staff was reduced. Records contained sufficient references, identification documents and criminal record checks.

Eighty nine percent of the people who responded to our questionnaire told us staff understood how to reduce the risk of the spread of infection. Policies were in place that followed recognised best practice guidelines to ensure the risk of the spread of infection in people's homes was reduced. We saw personal protective equipment such as disposable aprons and gloves were readily available for staff and we saw them using it. These processes enabled staff to protect people from the risk of infection.

The registered manager carried out regular reviews of the accidents and incidents that occurred within people's home. The registered manager told us that although the number of incidents was low, they ensured regular analysis was carried out to help reduce the risk of reoccurrence. Records viewed confirmed this.

Is the service effective?

Our findings

People's mental, social and health needs were assessed to enable staff to provide care and support in line with current best practice guidelines. We found some good examples where people's health needs had best practice guidelines in place to support staff. However, we also found examples where this guidance was not in place. For example, one person had been diagnosed as having heart disease, but there was no best practice information and guidance available for staff to inform them about this disease which would assist them with supporting this person. The registered manager assured us people's needs were met, but stated they would ensure when people had specific diagnosed conditions, staff were provided with sufficient information to improve awareness.

People living at Poppy Fields had their health assessed by staff to ensure their needs could be met. These people received support from Poppy Fields staff for a set number of hours per day. The support they received included assistance with personal care, medicines and maintaining a safe and clean home. A small number of people came to stay temporarily at the assessment unit following a stay in hospital. At this unit, people's needs were assessed by staff employed by the Local Authority, to determine whether a period of rehabilitation would enable them to return home. If they were unable to return home due to poor health, some moved to permanent residential homes or moved to other extra care housing services. Once the people were in the assessment unit, the responsibility for supporting each person was shared between the Local Authority staff and staff employed by Poppy Fields.

Staff spoken with raised some concerns with this process. They said they were not always involved in the assessment of people prior to their admission to the service. Staff felt that some people were admitted to the service who were not suitable for the type of service provided. They also told us they had challenges in meeting some people's needs. Staff said that communication between the teams was 'getting better' and they had more contact with the other professionals involved in people's care. However, one member of staff said, "Sometimes we don't have enough information (to support people)." They said this was particularly in relation to health information. We also noted on the day of the inspection that a decision was made to admit four people to the service that day due to pressures on acute hospital beds. The rehabilitation staff worked with the service to prepare the rooms for people and ensure staff were informed of people's needs.

However, the amount of information staff had about some of the people being admitted was limited until they arrived. A member of staff raised concerns with us that due to the short notice of these admissions they were concerned that people's needs may not be able to be met by the number of staff available. Records also stated that a relative whose family member was staying at the assessment centre had raised concerns that their family member's needs could not be met. The person's care records showed their health needs were complex and it was not always clear which staff were responsible for supporting the person's specific health needs. If this were left solely to Poppy Fields staff, it would be difficult for these needs to be met. The registered manager assured us that people's needs in the assessment centre could be met. However, they agreed to review the process for accepting short notice admissions to ensure relevant care planning and staff provisions were always in place.

Staff registered people with a local GP practice to enable them to access health care and medication when required. When the Nottinghamshire community health care teams were involved in the care and support of people using the service, records of their input were kept with the care records for the service. People told us they had access to their GP or health care agencies when needed and records viewed confirmed this.

People told us they were, in the majority of cases, happy with the way staff supported them. One person said, "So far they are doing what I need." Another person said, "Carers have a good understanding of how to give me their time and to help me with my needs."

Records showed people were supported by staff who received an induction before they started work, were well trained and had their performance regularly monitored and assessed. Staff had either completed or were in the process of completing the Care Certificate. The Care Certificate is a set of standards social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff told us they felt supported by the registered manager and felt happy in their role. A staff member said, "I feel valued as an employee, the service we provide is of a high quality. Training is of a high quality I am proud to say I work in this facility." Staff were also supported to complete professionally recognised qualifications such as diplomas in adult social care. These qualifications along with the completion of Care Certificate, contributed to staff supporting people in line with current best practice guidelines.

Due to the type of service provided people did not always require support with preparing or eating their meals. However, when needed people told us staff supported them effectively. One person said, "I have ready meals, they put them in the microwave." Another person said, "They help me with meals. They know my favourite thing is cheese. I like cheese on toast. They get that."

Care records contained guidance for staff on how to support people with making healthy food and drink choices and people's food likes and dislikes were also recorded. Where people showed signs of significant weight loss or gain, this had been acted on quickly, with referrals to GPs and dieticians carried out. People's care records also contained information about people's nutritional needs and the requirement to follow certain diets. For example, a diabetic needing to follow a low sugar diet. These processes ensured people's health was not placed at risk.

People told us they were able to make their own decisions and staff respected and acted on their choices. One person said, "(Name of staff member) is very understanding. You can tell them anything and it is acted upon almost immediately."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Where people lacked the ability to consent to decisions about their care, their care records contained assessments which were designed to ensure that the decision made adhered to the principles of the MCA. When a person was unable to consent to a decision, mental capacity assessments were completed. This ensured people's rights were protected. The staff we spoke with were confident that they ensured people were able to make their own choices and they respected and acted on their views.

Is the service caring?

Our findings

All of the people we spoke with or responded to our questionnaire told us they found the staff to be kind and caring. One person said, "On the whole I'm pleased, the staff are friendly and helpful, my family mention that the staff seem nice." Another person pointed out a member of staff to us and described them as "brilliant".

We were told by the visiting officer that new staff were always introduced to people before they commenced attending their homes. This was confirmed by all of the people who responded to our questionnaire. People we spoke with also told us they normally had the choice of male or female staff to support them and this made them feel at ease.

People told us they were treated with dignity and respect by staff, especially when receiving support with personal care. One person said, "They're kind when helping me get ready and when showering. I have male and female carers and that's fine." Another person said, "They're good with the way they help me with washing, they hold the towel up in front of me."

People had varying communication needs and staff were provided with the information they needed to communicate effectively with people and to enable them to engage with people in meaningful conversation. Staff told us they had formed positive relationships with the people they supported and our observations supported this. Staff spoke respectfully with people and were always patient and supportive when people were slower to respond. This ensured all people were able to communicate their needs and receive the care they wanted.

People living at Poppy Fields permanently were able to contribute to decisions about their care needs. One person said, "I do talk about care and it gets a review about once a year. I would also work with the social services to change things." Another person told us they asked for the time of their calls to be changed and this was accommodated immediately.

Where people were unable to make decisions about their personal care and did not have relatives to support them, information about how to contact an advocate was provided. Staff were aware of how to make referrals where required. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. This ensured people's rights were protected.

People told us they enjoyed the company of staff and no one raised any concerns with us that their diverse needs were not respected. Some people had expressed a wish to follow their chosen religion and this was recorded within their care records. One person told us they wished to attend church and had a call each Sunday to enable a member of staff to take them. Staff spoke respectfully about people's diverse choices. The registered manager told us if people had any specific diverse needs these would be treated respectfully. This would include amending staff rotas to accommodate people's wishes.

People's care records were treated respectfully, ensuring their right to privacy. Records were locked in

cabinets that could only be accessed by authorised personnel. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

Is the service responsive?

Our findings

Where staff employed at Poppy Fields were responsible for completing assessments to ensure people's needs could be met these were, in the majority of cases detailed and completed in good time. These records were then transferred into detailed care and support plans that took into account people's ability to carry out tasks for themselves. We noted in two of the records we looked at, they contained detailed individual support plans which had been based on their initial assessment. We observed these were updated when the person's needs changed and staff recorded the support they provided. However, we did note that on occasions there was a delay in transferring the initial information from the assessment to more detailed care planning documentation. The registered manager told us this was rare and although there were a number of factors that could delay these more detailed plans being put in place, they would continue to remind staff of the need to complete them quicker.

Although staff had raised some concerns with us regarding the responsibility for supporting people in the assessment unit, we also saw some good practice with clear lines of communication in place between the two sets of staff. For example, when Poppy Fields staff identified a concern with a person who was having difficulty in standing and was leaning to one side, they recorded this on a log to enable this to be shared with other professionals involved in the person's care. This contributed to the person receiving the support they needed.

People told us they felt the care and support they received reflected their personal choices and preferences. People told us their preferred staff members were normally provided. One person said, "So far I've been able to have the same two carers help me shower. They know I trust them. They shield me with a towel when they can. I just know that they're not looking at me. They know what I need." We saw people's care records contained details about their personal preferences and their life history. Care plans had also included the role of staff in helping people to maintain independence. This included people's preferences when receiving personal care and preparing and eating their meals. Records showed where able, people had signed their care records to confirm their approval of their content. People told us they had their care plans regularly reviewed with them and the care records we looked at confirmed this. This contributed to people receiving the care they needed in the way they wanted.

Some people supported by the service had a mental or physical disability. Staff could explain how they ensured that people were not discriminated against and had the same access to information as others. The registered manager had a good knowledge of the Accessible Information Standard. The standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The registered manager told us they were taking steps to address the requirements of this standard, including providing documentation for people in larger font. However, they also told us they had staff who were bi-lingual and these staff were assigned to one person who currently spoke the same language, to ensure their needs could be met.

All of the people who responded to our questionnaire and the majority of the people we spoke with told us

they felt confident to raise a complaint if they needed to and that it would be acted on. One person told us complaints were "sorted out". A small number of people felt the response times from office based staff could be improved. However, when we looked at the process for responding to formal complaints, we noted these had been done in line with the provider's complaints policy. The registered manager carried out a review of people's complaints and concerns and used these to drive continuous improvements at the service.

Is the service well-led?

Our findings

The service had a registered manager in place. They were also the registered manager at another registered service within the provider's group. This means they were splitting their time between two services. The registered manager told us they felt able to carry out this joint role effectively. However, due to the size and complex nature of Poppy Fields we had concerns with the effectiveness of the split role. We identified some areas of concern during this inspection which had not been identified during the quality assurance processes. This included the timely implementation of people's care records and risk assessments. The main area of concern which placed people at the highest risk was the management of people's medicines in the assessment centre. This needed immediate attention which the registered manager told us they would address. At the time of the inspection, the quality assurance processes in relation to people's medicines were not fully effective and did not ensure the risks to people's health and safety were appropriately managed and reduced.

The registered manager assured us that they had a strong and dedicated team of staff in place to support them in their role and to ensure the service runs effectively when they were not there. They told us the visiting officer supervised the service in their absence and they had confidence in them being able to do so. During the inspection we spoke with the visiting officer and they were knowledgeable and carried out their role well. However, the registered manager assured us they would review the effectiveness of their joint role and dual registration with the provider to agree the most effective way of addressing the concerns raised at this inspection. The registered manager told us they felt supported by the provider and they also regularly attended meetings with other registered managers from within the provider's group of services. They told us this gave them the opportunity to discuss any concerns and to receive constructive feedback from senior management.

The registered manager understood their responsibilities to ensure that agencies such as the CQC were informed of incidents that could affect people's safety. These included allegations of abuse and when a person had experienced a serious injury. Records showed the majority of these had been sent in good time, although a small number were delayed. The registered manager told us they would review the processes to ensure a more timely response to ensure people received the additional support of other agencies where needed.

Staff understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager was well liked and respected by staff and the people at the service, although not all people knew them well. People told us when they had made a complaint he had acted on it. One person described the registered manager as "easy to talk to." Staff told us the registered manager and the visiting officer were very supportive. Staff said they had more day to day contact with the visiting officer than the registered manager. One member of staff commented on the fact the visiting officer thanked staff for their input and the team leaders thanked them at the end of a shift. They said this made them feel valued and

was a positive motivator. A member of staff said in relation to the visiting officer, "You can't fault them; they have always resolved issues I have taken to them." They said they did not routinely see the manager unless there was a specific problem.

People and staff were able to contribute to the development of the service. The service has been open for little over a year under its current registration and we noted an annual survey had been provided for people and staff to complete. The results for questions in areas such as the quality of the care and ability to lead independent lives were largely positive. Many of the people we spoke with told us they would recommend the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment 12.—(1) Care and treatment was not always provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(g) the proper and safe management of medicines</p>